STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013330	A. BUILDING: _____ B. WING _____	05/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE POINT ALZHEIMER'S SPECIAL CARE CEN	1215 TRINITY PLACE MISHAWAKA, IN 46545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for an Initial State Residential Licensure Survey. Survey dates: May 28-30, 2014 Facility number: 013330 Provider number: N/A AIM number: N/A Survey team: Honey Kuhn, RN Census bed type: Residential: 4 Total: 4 Census payor type: Other: 4 Total: 4 Sample: 4 Heritage Point Alzheimer's Special Care Center was found to be in compliance with 410 IAC 16.2-5, in regard to the Initial State Residential Licensure Survey. Quality Review completed on June 3, 2014, by Brenda Meredith, R.N.	R 000		